



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
DIVISION OF ADMINISTRATION

P.O. BOX 1806
CONCORD, NH 03302-1806

603-271-5610 FAX: 603-271-5639
TDD Access: 1-800-735-2964

William L. Wrenn
Commissioner

Bob Mullen
Director

Date Posted: 2/19/2010

Request for Proposals (RFP)
Terms and Conditions

Re: RFP Title: Temporary Nursing Services

RFP Number: NHDOC 10-07-GFMED

RFP Due Date: 4/9/2010, **no later than 2:00PM, EST**

RFP Service Region: Northern NH Correctional Facility: Northern Correctional Facility (NCF)
Berlin, NH and Southern NH Correctional Facilities: NH State Prison for Men
(NHSP-M) and Secure Psychiatric Unit (SPU) Concord, NH

NH Department of Corrections Mission Statement: *Our Mission is to provide a safe, secure, and humane correctional system through effective supervision and appropriate treatment of offenders, and a continuum of services that promote successful re-entry into society for the safety of our citizens and in support of crime victims.*

This mission is supported through contracts with non-profit corporations; public corporations; public agencies (agency or department of municipal, county or state government); or by private proprietorships, partnerships, or corporations; or a consortium of public, non-profit, and private entities, that are awarded contracts through the State of New Hampshire Request for Proposals (RFP) process. These entities are herein after known as the "Vendor," "Contractor," or "Bidder."

A. TERMS, CONDITIONS AND PROCEDURES FOR SUBMITTING PROPOSALS

1. Brief Description:

Attached is a Request for Proposals and Contract format for providing Temporary Nursing Services for the New Hampshire Department of Corrections (herein known as the "NHDOC," "State," "Corrections," or "Department"). A Contract awarded by the NH Department of Corrections as a result of this RFP is expected to be effective for the period beginning 7/1/2010 through 6/30/2012 with an option to renew for one (1) additional period of up to two (2) years only after the approval of the Commissioner of Corrections and the Governor and Executive Council (G&C) of the State of New Hampshire.

2. Vendor Conference:

The NH Department of Corrections will hold a non-mandatory Vendor's Conference with all prospective Vendors for the purpose of answering any technical questions related to the services requested and/or to the requirements of the RFP. This Vendor Conference will be held on **3/26/2010 at 10:00AM EST, at the NH Department of Corrections, 4th Floor Conference Room, 105 Pleasant Street, Concord, NH 03301.**

2.1. The purpose of the Vendor Conference is to:

2.1.1. request clarification of any section of the RFP;

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- 2.1.2. request changes to the RFP of requirements considered so restrictive as to prohibit or discourage responses;
- 2.1.3. offer suggestions or changes to the RFP which could improve the RFP competition or lower the offered price;
- 2.1.4. review any applicable documentation.
- 2.2. Non-attendance to the Vendor's Conference **does not** prohibit Bidders from submitting a proposal as this is a non-mandatory or optional Vendor's Conference.
- 2.3. RSVP to attend the Vendor's Conference:
 - 2.3.1. Vendors are requested to RSVP, **in writing to Director of Nursing**, via US Mail, fax or e-mail, see below for contact information, by 3/24/2010 indicating the number of individuals (maximum of two) who will attend the Vendor's Conference;
 - 2.3.2. the document to be used to RSVP your attendance is the last page of this RFP.

3. Facility Tours: (THIS SECTION IS NOT APPLICABLE)

4. Proposal Inquiries:

An individual who is authorized to commit the organization to provide the services necessary to meet the requirements of this RFP must submit all inquiries.

- 4.1. Inquiries shall be received no later than 2:00PM EST, on 3/12/2010.
- 4.2. Answers to all written inquiries received will be posted on the NH Department of Corrections website: <http://www.nh.gov/nhdoc/business/rfp.html> on or prior to 3/19/2010.
- 4.3. All inquiries concerning this RFP shall be made in writing, citing the RFP Title, RFP Number, Page, Section, and Paragraph, submitted to:

<p>NH Department of Corrections Health Services Director of Nursing 281 North State Street Concord, NH 03301 dmaltais@nhdoc.state.nh.us Fax number: 603-271-5295</p>

5. Last Date for Vendor Inquiries:

Inquiries shall be received no later than 2:00PM EST, on 3/12/2010. Inquiries received after this date and time shall be addressed only if they are deemed by the NH Department of Corrections to be critical to the competitive bid process. An official written answer shall be posted on the NH Department of Corrections website to all questions meeting these requirements.

6. Last Date for Letter of Intent:

Letter of Intent to RSVP to attend the Vendor's Conference is located as the last page of this RFP.

7. Specifications:

Vendors must submit proposals as specified. Vendors shall be notified in writing if any changes to proposal specifications are made. Verbal agreements or instructions from any source are not authorized.

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8. Proposal/Format Submissions:

- 8.1. Please submit **one (1) original** and complete proposal for the Northern Correctional Facility (NCF) Berlin, NH, NH State Prison for Men (NHSP-M) and Secure Psychiatric Unit (SPU) Concord, NH signed and initialed as appropriate on each page in **blue ink**. The original copy must be typed or clearly printed in **black ink**. All corrections **must be initialed** by the contract signatory.
- 8.2. In addition, submit **two (2) photocopies** and **one (1) CD** (MS Word, MS Excel format only) of the proposals.
- 8.3. Proposals that are not complete or unsigned shall be considered "technically non-compliant."
- 8.4. Proposals received after the deadline shall be considered "technically non-responsive." The prospective Vendor shall be so notified by the NH Department of Corrections, and the proposal shall be sent back to the prospective Vendor unopened and unevaluated.
- 8.5. Proposals **must be sealed** or they shall not be accepted.
- 8.6. **Do not staple** any part of the proposals. **Do not use three (3) ring binders** for any part of the proposals.
- 8.7. Please use only binder clips to secure and/or separate sections of the proposals.
- 8.8. **Sealed proposals shall follow the sequence of the Proposal Check Sheet.**
- 8.9. Absence of any documentation identified in the Proposal Check Sheet may be considered "technically non-compliant."
- 8.10. Proposals shall be submitted by the prospective Vendor and received by the NH Department of Corrections no later than 2:00PM, EST on **4/9/2010** to be considered.
- 8.11. All corrections shall be initialed by the prospective contract signatory; correction tape or white out shall not be used on any contract documents.

9. Submission Criteria:

Proposals that are not complete or unsigned shall not be considered. Any proposal received after the deadline shall be considered "technically non-responsive" and the Vendor will be so notified by the NH Department of Corrections.

10. Document Alterations/Changes/Omissions:

It is unlawful to make any alterations to the text or format of this document, or the text or format of any addendum, or attachment to this document. A signature on the Cover Sheet of the person authorized to legally bind the Vendor to the terms of this RFP signifies that no alterations have been made to the original text or format of this RFP. Any alterations made to the original text of this document may result in the proposal being considered "technically non-compliant."

11. Evaluation Criteria/Procedural:

- 11.1. Proposals shall be subject to a procedural review by the Acting Contract Administrator prior to any other evaluation review to ensure the proposals submitted:
 - 11.1.1. conform to instructions and format contained within the RFP;
 - 11.1.2. is properly executed and complete; and
 - 11.1.3. contains all required supporting documentation.

12. Other Contractual Documents Provided by the NH Department of Corrections:

The State Long Form Contract, form P-37, version 1/09, the Alternate W-4 and the Certificates of Vote/Authority are located as a separate link on the New Hampshire Department of Corrections website: <http://www.nh.gov/nhdoc/business/rfp.html>

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13. Labeling and Addressing the Proposal for Submission:

Please clearly mark the outside of your envelope Temporary Nursing Services (NHDOC 10-07-GFMED). Proposals must be received by the Acting Contract Administrator, PO Box 1806, Concord, NH 03302-1806 or hand delivered to Room 329, on the third (3rd) floor of the Main Building of the Governor Gallen State Complex, 105 Pleasant Street, Concord, NH no later than **4/9/2010 at 2:00PM EST**, to be considered.

14. Cancellation:

The NH Department of Corrections reserves the right to accept or reject any or all proposals and to cancel this RFP in whole or in part upon written or published notice of intent to do so. Financial responsibility for preparation of proposals is the sole responsibility of the Vendor.

15. Financial Commitment:

Financial commitment by the NH Department of Corrections shall not occur until such time as the Governor and the Executive Council of the State of New Hampshire approve a Contract.

16. Rejection of Proposal(s):

- 16.1. Proposals may be rejected at any time at the discretion of the Director of Administration if the Vendor:
 - 16.1.1. has any interest that shall, in the sole discretion of NH Department of Corrections, conflict with performance of services for the State;
 - 16.1.2. fails to demonstrate to the satisfaction of NH Department of Corrections that it is in sound financial condition;
 - 16.1.3. fails to make an oral presentation if requested by NH Department of Corrections at a time, place, and in a manner satisfactory to NH Department of Corrections; and
 - 16.1.4. fails to reach agreement with NH Department of Corrections on any and all contract terms.

17. Other Remedies for “Technically Non-Compliant” Proposals:

- 17.1. The NH Department of Corrections, in its sole discretion, may determine that non-compliance with any RFP requirement is insubstantial. In such cases the NH Department of Corrections may:
 - 17.1.1. seek clarification;
 - 17.1.2. allow the Vendor to make corrections; or,
 - 17.1.3. apply a combination of the two remedies.

18. Addendum(s) and/or Amendment(s) to, or Withdrawal of the RFP:

- 18.1. If NH Department of Corrections decides to amend or clarify any part of this RFP, a written amendment shall be provided to all Vendors on the NH Department of Corrections website: <http://www.nh.gov/nhdoc/business/rfp.html>.
- 18.2. The NH Department of Corrections, at its discretion, may amend the RFP at any time prior to the award of a Contract and/or terminate this procurement in whole or in part at any time.
- 18.3. The NH Department of Corrections at its discretion may request clarification from a Vendor of a proposal submitted.
- 18.4. Whereas the Department may modify the RFP and as a result of a modification the Department believes that Vendors will not have enough time to effect changes necessary to their proposal(s) prior to the Proposal Due date listed in Table 32.1., the Department may

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postpone the Proposal Due date for a period of up to thirty (30) days in the best interest of the State and/or to allow for fairness in the competitive bidding process. Notice of this postponement shall be posted on the NH Department of Corrections website with the RFP prior to the Proposal Due Date listed in this RFP.

19. Proposal Submission:

- 19.1. Prospective Vendors shall comply with instructions as specified in the Terms and Conditions of the RFP, submit all documents with the Proposal as identified in the Proposal Check Sheet, and ensure **sealed** offers are received by the date, time and location identified herein.
- 19.2. The Vendor is cautioned that their proposal shall be subject to acceptance by the NH Department of Corrections without further clarification.

20. Competition:

The NH Department of Corrections encourages free and open competition among Vendors. Specifications, proposals and conditions are designed to accomplish this objective, consistent with the NH Department of Corrections needs and guidelines.

21. Collusion:

The Vendor's signature on a proposal submitted in response to this RFP guarantees that the prices quoted have been established without collusion with other eligible Vendors and without effort to preclude the State of New Hampshire from obtaining the best possible competitive proposal.

22. Disclosure of Sealed Proposal:

A Vendor's disclosure or distribution of proposals other than to the NH Department of Corrections shall be grounds for disqualification.

23. Oral Presentation:

Prior to the determination of the award, Vendor(s) may be required to make an oral presentation to clarify any portion of their response or to describe how the service requirements shall be accomplished. Vendor finalists may be asked to conduct the presentation at a time period designated by the NH Department of Corrections.

24. Terms of Submission:

All material received in response to this RFP shall become the property of the NH Department of Corrections and shall not be returned to the Vendor. Regardless of the Vendor selected, the NH Department of Corrections reserves the right to use any information presented in a proposal. The proposal content that makes up the Vendor's awarded Contract shall become public information upon approval of the Governor and Executive Council.

25. Vendor Responsibility:

The successful Vendor shall be solely responsible for meeting all terms and conditions specified in the RFP, their proposal and any resulting contract.

26. Evaluation and Award of Contract:

- 26.1. The NH Department of Corrections has approved this RFP for issuance. The RFP process is a procurement option allowing the NH Department of Corrections to award a Contract based upon the evaluation criteria established by the NH Department of Corrections.

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- 26.2. Upon review by the NH Department of Corrections and approval by the Governor and Executive Council, the signed Contract shall become valid.
- 26.3. The NH Department of Corrections, may, upon determining that no satisfactory proposals have been received for these services, negotiate with a successful applicant for a related service to include this particular service as part of the service package and/or issue another RFP for this particular service.
- 26.4. Evaluation of proposals shall be based on evaluation criteria established by the NH Department of Corrections.

27. Liability:

The NH Department of Corrections shall not be held liable for any costs incurred by the Vendor in the preparation of their proposal, or for work performed prior to Contract issuance.

28. Best Interest of the State:

If the NH Department of Corrections determines it is in the best interest of the State, it may seek a “*BEST AND FINAL OFFER*” from Vendors submitting acceptable and/or potentially acceptable proposals.

- 28.1. The “*BEST AND FINAL OFFER*” would provide Vendor’s the opportunity to amend or change its original proposal(s) to make it more acceptable to the State. The NH Department of Corrections reserves the right to exercise this option.
- 28.2. The “*BEST AND FINAL OFFER*” shall provide the NH Department of Corrections the opportunity to modify volume indicators and cost categories, if applicable, identified in Exhibit B of the RFP. Such request of the New Hampshire Department of Corrections would provide the Vendor(s) the opportunity to amend or change its original proposal to make it more acceptable to the State. The NH Department of Corrections reserves the right to exercise this option.

29. Proposal Review and Evaluation Criteria:

- 29.1. The NH Department of Corrections shall conduct an objective review of the proposal(s) received in response to this RFP process. The evaluation shall be based on the demonstrated capabilities and skills of the prospective Vendor in relation to the needs of the services to be provided as set forth in this RFP.
- 29.2. The NH Department of Corrections shall award a Contract based on cost, ability to provide services: immediate availability, demonstrated credentials and correctional experience, financial stability and references.
- 29.3. References shall be submitted. Please provide a list of all current clients with contact information and former clients with contact information for the past two (2) years.
- 29.4. The NH Department of Corrections reserves the right to accept or reject any proposal and to waive any minor irregularities in any proposal.

The remainder of this page is intentionally blank.

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30. Written Narrative and Description of Evaluation Criteria:

30.1. The NH Department of Corrections is seeking prospective Vendors for Temporary Nursing Services to be used over an extended period of time as identified in Section One (1), Brief Description, Terms and Conditions of this RFP. It is important that the prospective Vendors demonstrate a sound presence in the market, capability and skill to provide requested services, and long term viability judged by financial stability.

30.2. Prospective Vendors shall provide a concise one (1) to two (2) page written narrative in the form of a Cover Letter, on the organization's letter head, identifying the following information: Ability to Provide Services, Financial Stability, Organizational Resources and Capability and References.

30.2.1. Total Estimated Cost

- for the "*Best Interest of the State*" the total estimated cost shall carry the most weight under the Proposal Review and Evaluation process.

30.2.2. Ability to Provide Services

- ability to provide immediate services upon an approved contract by the Governor and Executive Council.
- credentials and correctional experience demonstrated through qualifications/ licensures/certifications of employees who will providing requested services.

30.2.3. Financial Stability, Organizational Resources and Capability

- demonstrate financial stability by providing financial statements, preferably audited, for two (2) consecutive years and copies of any quarterly financial statements prepared since the end of the period reported by your most recent annual report. Acceptable financial verification must include one (1) of the following; please check off and submit with your Proposal one of the following:

Check	Description
<input type="checkbox"/>	a copy of the organization's most recent full set of financial statements
<input type="checkbox"/>	a copy of the organization's audited set of financial statements from an independent CPA firm

- description of organizational resources and capability. Evidence demonstrating that your organization possesses adequate organizational resources and capability to meet consumer demand. Evidence may include, but is not limited to: implementation plan, staffing resources, equipment: type, age and whether the equipment is owned or leased as it relates to the scope of services requested outlined in this RFP, operation and quality controls. Evidence demonstrating your organization's history, mission, size, ownership and structure (Corporation, LLC, Sole Proprietor, Non-Profit et cetera).

30.2.4. References

- description of work experience to include previous customers served and number of years the prospective Vendor has been providing said services.

The remainder of this page is intentionally blank.

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31. Scoring of Evaluation Criteria:

31.1. Table of Scoring Criteria:

Category	Total Points Per Category
Total Estimated Cost: (70 points)	70
Ability to Provide Services: (15 points)	15
31.1.1. Immediate Availability: Immediate start of services upon approval of a contract (7.5 points)	
31.1.2. Credentials and Correctional Experience (7.5 points)	
Financial Stability, Organizational Resources and Capability (10 points)	10
31.1.3. Financial Stability (5 points)	
31.1.4. Evidence of Organizational Resources and Capability (5 points)	
References: (5 points)	5
31.1.5. Experience (5 points)	
Total of all Categories	100

Note: The Financial Stability, Organizational Resources & Capability of Contracted Vendor is of great importance to New Hampshire Department of Corrections. A Vendor that does not score at least 8 out of 10 points, upon evaluation, in the Financial Stability, Organizational Resources and Capability category may be required to provide further financial information for the possibility of making their score satisfactory. In the event that the information provided does not satisfy the Department the NHDOC shall, at its own discretion, remove the Vendor from the RFP and contract procurement process in the best interest of the State. (See Item 30: "Written Narrative and Description of Evaluation Criteria" herein for specifications).

32. Schedule of Events (Timetable):

32.1. Table of Events and Important Dates:

Event #	Description of Event	Date of Event
1	RFP Issued	February 19, 2010
2	Written Inquiries Due	March 12, 2010
3	DOC Posts Answers to Inquiries	March 19, 2010
4	RSVP Letter of Intent to attend Vendor's Conference	March 24, 2010
5	Vendor Conference	March 26, 2010
6	Proposals Due	April 9, 2010
7	Best & Final Offer	If Necessary
8	Contract Finalization	April/May 2010
9	Approval by the Governor and Executive Council	May/June 2010
10	Expected Services Start Date	July 1, 2010, or, upon G&C approval, which ever is later.

Note: The above Table of Events and Important Dates may be altered at any time by the Department with the exception of No. 7 – "Proposals Due." The Vendor's Proposals Due date cannot be changed in order to maintain the integrity of the public contract procurement process of the State of NH except for the reasons as stated in section - 18.4 of the Terms and Conditions of this RFP.

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33. Award of a Contract:

- 33.1. A Contract may be awarded to more than one (1) Vendor. The Vendor may bid on the services needed for both the Northern NH Correctional Facility and the Southern NH Correctional Facilities.

34. Special Notes:

- 34.1. The headings and footings of the sections of this document are for convenience only and shall not affect the interpretation of any section.

The remainder of this page is intentionally blank.

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PROPOSAL FOR:

The provision of Temporary Nursing Services for the NH Department of Corrections (locations listed in Exhibit A). This section is for the purpose of ensuring that the Vendor has included all the required information to submit a Proposal. Partial Proposals of services for any region shall not be accepted.

Responding to RFP Number: NHDOC (10-07-GFMED)

LOCATION OF SERVICES:

Northern NH Correctional
Facility (Regional Area)

Southern NH Correctional
Facilities (Regional Area)

PLEASE TYPE OR CLEARLY PRINT IN THE SPACES PROVIDED BELOW.**OFFER:**

The undersigned hereby proposes to furnish to the STATE OF NEW HAMPSHIRE, the services as described in the PROPOSAL in accordance with the specifications contained herein. The signer of the Vendor below signifies the assent of the Vendor to all of the Terms and Conditions of this RFP.

1. VENDOR: _____
Name of Organization (As written on the Certificate of Good Standing)

2. ADDRESS: _____
Street Address (Physical Address of the Organization - NO PO Box #'s)

City or Town

State

Zip Code

3. SIGNATURE: _____ INITIALS: _____

4. DATE SIGNED: _____

5. TITLE OF SIGNATORY: (Title of signatory) _____

6. NAME OF SIGNATORY: (Name of signatory) _____

7. CONTACT PERSON: (Contact person if different from signatory) _____

8. TELEPHONE: (Telephone number of contact person) _____

9. E-MAIL: (E-mail of contact person) _____

10. FAX: (Fax number of contact person) _____

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FORMAT FOR SUBMISSION:

- Please submit **one (1) original** and complete proposal for the Northern and Southern NH Correctional Facilities (Regional Areas) signed in **blue ink**. This original copy must be typed or clearly printed in **black ink**. All corrections **shall be initialed by the contract signatory**. Submit **two (2) copies** of the original Proposal and **one (1) CD**. **Proposals that are not completed or unsigned may be considered "technically non-compliant."** Any proposal(s) received after the deadline may be considered "technically non-responsive," and the Vendor will be notified by the NH Department of Corrections with the Proposal sent back to the Vendor unopened and unevaluated. Proposals must be **sealed** or they shall not be accepted. Do not staple or three-hole punch any part of your proposals. Use only binder clips to secure and separate your proposals. **Vendors MUST initial the bottom corner of each page of their Proposal.**

If interested in submitting a proposal for these services, please fully complete, execute and return the following documentation in the sequence below:

- ☐ Cover Page:
 - Title of RFP;
 - RFP Number;
 - Vendor's Organizational Name;
 - Submission Date.
- ☐ Cover Letter (see criteria, section 30.2. within the RFP);
- ☐ Proposal Cover Sheet (please use the previous page for this document);
- ☐ Request for Proposal, Terms and Conditions;
- ☐ Contract Form P-37, version 1/09 ([P-37 Document](#)):
 - Please fully execute: Items 1.3, 1.4, 1.5, 1.11, and 1.12, in front of a Notary Public or Justice of the Peace and have them fill out Items 1.13, 1.13.1, and 1.13.2;
 - Note: THE NAME OF THE VENDOR'S ORGANIZATION SHALL BE WRITTEN ON THE P-37 AS FOUND ON THE CERTIFICATE OF GOOD STANDING (ISSUED BY THE NH SECRETARY OF STATE'S OFFICE) TO INCLUDE D/B/A NAMES OF THE ORGANIZATION, IF APPLICABLE.
- ☐ Exhibit A – Scope of Services;
- ☐ Exhibit B – Estimated Budget;
- ☐ Exhibit C – Special Provisions;
- ☐ Certificate of Good Standing (not included herein; see instructions on next page);
- ☐ Certificate of Authority (execute and submit only the one that applies to your entity): ([Attachment 4 Corp w/ Seal](#), [Attachment 4a Corp w/o Seal](#), [Attachment 4b Partnership](#), [Attachment 4c Sole Proprietor](#))
 - Note: THE NAME OF THE VENDOR'S ORGANIZATION MUST BE WRITTEN ON THE CERTIFICATE OF AUTHORITY AS FOUND ON THE CERTIFICATE OF GOOD STANDING TO INCLUDE D/B/A NAMES OF THE ORGANIZATION, IF APPLICABLE.
- ☐ Certificate of Insurance (not included herein; see instructions on next page)
 - Note: THE NAME TO INCLUDE DBA NAMES, IF APPLICABLE, AND ADDRESS OF THE VENDOR'S ORGANIZATION MUST BE IDENTIFIED IN THE INSURED SECTION OF THE CERTIFICATE OF LIABILITY INSURANCE DOCUMENT AS FOUND ON THE CERTIFICATE OF GOOD STANDING.
- ☐ Comprehensive General Liability Insurance Acknowledgement Form – ([Comprehensive General Liability Insurance Acknowledgement Form](#));
- ☐ Attachment – Alternate W-9 Form ([W-9 Document](#));
- ☐ Statement of Financial Stability;
- ☐ References.

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All documentation listed above is necessary for the successful completion and submission of Proposals. All attachments are located on the following webpage: <http://www.nh.gov/nhdoc/business/rfp.html> under the heading “*TOOLS AND RESOURCES FOR BIDDERS*.” (Direct link to above document web page: <http://www.nh.gov/nhdoc/business/RFPBiddingTools.htm>).

OTHER NECESSARY FORMS (Not included on the above web page, must also be provided by the Vendor):

- ☐ Certificate of Good Standing: **(NOT INCLUDED HEREIN, MUST BE PROVIDED BY VENDOR)** In order to obtain a Certificate, write directly to the Secretary of State, Corporate Division, State House Annex, Room 341, 25 Capital Street, 3rd Fl, Concord, NH 03301 or visit the Secretary of State’s Office in person. Requests must include the complete name of the company as it is registered with the Office of the Secretary of State and a check for (CALL FOR FEES) made payable to the State of New Hampshire. **If you wish to visit the Secretary of State’s Office in person, you must bring exact change for each Certificate of Good Standing document requested.** In the event that you need to expedite the request, you may fax the request to (603) 271-3246 or go in person to request a copy and you will be billed (CALL FOR FEES) for the expedited service. Include your mailing address, corresponding check number, telephone and fax numbers. You will receive a fax of the Certificate in addition to a mailed copy.
- ☐ Certificate of Insurance: **(NOT INCLUDED HEREIN, must be provided by Vendor)** You must contact your Insurance provider and follow their processes to get this form **pursuant to section 14 and 15 of the State Long Form Contract** (Link: [P-37 Document](#)). The NH Department of Corrections, PO Box 1806, Concord, NH, 03302-1806 must be listed at the Certificate Holder on the document. Once obtained you may include it with your responding Proposal(s). If necessary you may have your insurance provider fax the NH Department of Corrections a copy of the form. Faxes are to be sent to: (603) 271-5639, care of the Acting Contract Administrator.
- ☐ The Certificate of Insurance must provide the following:
 - Shall designate the NH Department of Corrections as the Certificate Holder;
 - Shall designate the Certificate Holder’s address as indicated above;
 - Shall designate a ten (10) day written cancellation clause;
 - Shall provide, for the life of the contract, the minimum General Liability coverage to be no less than \$2,000,000.00 per each occurrence and \$2,000,000.00 general aggregate;
 - Shall provide proof and identify limits and expiration dates of Workers’ Compensation coverage;
 - Shall provide proof and identify limits and expiration dates of Professional Liability coverage;
 - Shall designate your Organization’s name (to include dba names if applicable) and address in the Insured section of the Certificate of Insurance document.

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1. Description of Services:

- 1.1. The Contractor shall provide Temporary Nursing Services to include but not limited to:
 - 1.1.1. The Vendor shall provide Temporary Nursing Professionals to the NH Department of Corrections for placement on a temporary basis and such professionals shall include, but not be limited to Registered Nurses (RNs) and Licensed Practical Nurses (LPNs).
 - 1.1.2. The Vendor shall provide only those Temporary Nursing Professionals who maintain valid professional licenses, certifications and/or qualifications required by law for the performance of the services required. No Nursing professional shall be referred to the NH Department of Corrections without the proper licensure documentation required by federal, state or local law.
 - 1.1.3. The NH Department of Corrections shall retain ultimate responsibility for the management of patient care.
 - 1.1.4. The Temporary Nursing Professional placed by the Vendor shall be under the direction and supervision of the NH Department of Corrections.
 - 1.1.5. The NH Department of Corrections shall determine the shifts to be worked and shall not have any obligation to the Vendor for any minimum number shifts requested.
 - 1.1.6. The NH Department of Corrections reserves the right to refuse placement of any Temporary Nursing professional with or without cause.
 - 1.1.7. In performing the services specified by the NH Department of Corrections, the Nursing professionals are and shall at all times remain employees of the Vendor. The Vendor shall pay all wages on behalf of the Temporary Nursing Professionals. The Vendor shall pay all Federal and State to include Federal Social Security and State Unemployment Compensation taxes.
 - 1.1.8. The NH Department of Corrections shall give the Vendor a two (2) hour notification of cancellation prior to the start of a shift. If a two (2) hour notification is not given, a four (4) hour charge will be incurred for billing.
 - 1.1.9. The NH Department of Corrections will provide an initial sixteen (16) hour orientation to Temporary Nursing Professionals newly assigned to the NH Department of Corrections.
 - 1.1.10. The NH Department of Correction's Nursing Staff shall not be required and/or requested by the Vendor to enter into legal Contracts, Agreements and/or Obligations on the behalf of the Department of Corrections.
 - 1.1.11. The Vendor, not the State, shall be responsible for expenses incurred by the Temporary Nursing Professionals for and maintaining current licensures, certifications and continuing education costs.

The remainder of this page is intentionally blank.

Vendor Initials: _____

2. Service Schedule, Utilization and Location:

- 2.1. Service Schedule: The Vendor shall provide Temporary Nursing Services for the following required shifts listed below marked with an X.

	<u>Service Schedule</u>	<u>Day of the Week that</u> <u>Shift Begins</u>	<u>Hours of Work</u>	<u>Shift</u>
<input checked="" type="checkbox"/>	Weekdays	(Monday - Friday)	7AM - 3PM	Day
<input checked="" type="checkbox"/>	Weekdays	(Monday - Friday)	3PM - 11PM	Evening
<input checked="" type="checkbox"/>	Weekdays	(Monday - Thursday)	11PM - 7AM	Night
<input checked="" type="checkbox"/>	Weekends	(Saturday - Sunday)	7AM - 3PM	Day
<input checked="" type="checkbox"/>	Weekends	(Saturday - Sunday)	3PM - 11PM	Evening
<input checked="" type="checkbox"/>	Weekends	(Friday - Sunday)	11PM - 7AM	Night
<input checked="" type="checkbox"/>	Holiday		7AM - 3PM	Day
<input checked="" type="checkbox"/>	Holiday		3PM - 11PM	Evening
<input checked="" type="checkbox"/>	Holiday (Eve of the Holiday)		11PM - 7AM	Night

- 2.1.1. Weekday Day shifts shall begin at 7AM and end at 3PM on Monday, Tuesday, Wednesday, Thursday and Friday.
- 2.1.2. Weekday Evening shifts shall begin at 3PM and end at 11PM on Monday, Tuesday, Wednesday, Thursday and Friday.
- 2.1.3. Weekday Night shifts shall begin at 11PM on Monday, Tuesday, Wednesday and Thursday and end at 7AM on Tuesday, Wednesday, Thursday and Friday.
- 2.1.4. Weekend Day shifts shall begin at 7AM and end at 3PM on Saturday and Sunday.
- 2.1.5. Weekend Evening shifts shall begin at 3PM and end at 11PM on Saturday and Sunday.
- 2.1.6. Weekend Night shifts shall begin at 11PM on Friday, Saturday and Sunday and end at 7AM on Saturday, Sunday and Monday.
- 2.1.7. Observed Holidays shall follow the State of New Hampshire, Division of Personnel designated calendar Holidays.
- 2.1.8. Holidays that fall on a Weekend Day shall be observed on their prospective calendar date.
- 2.1.9. Columbus and Election Day shall not be considered as a State of NH Holiday.
- 2.1.10. Christmas and New Years Eve shall begin at 11PM (night shift) prior to the calendar date of the Christmas and New Years Day Holiday.
- 2.1.11. Holiday billing services shall not be applied unless an assigned Temporary Nursing Professional actually works on the Day, Evening, or Eve (11PM) of the Holiday.
- 2.2. Service Utilization: Estimated Volume/Hours by Shift and type of Temporary Nursing Professional.

Shift	Registered Nurse (RN)	Licensed Practical Nurse (LPN)
7AM - 3PM	200 Hours	100 Hours
3PM - 11PM	500 Hours	150 Hours
11PM - 7AM	400 Hours	0 Hours
Total Estimated Service Utilization	1100	250

Vendor Initials: _____

- 2.3. Location of Services: The Contractor shall provide Temporary Nursing Services to the following locations listed below. The Southern NH Correctional Facility locations requiring this service is marked with an X:

Northern Region - NHDOC Northern NH Correctional Facility Location

☒ Northern NH Correctional Facility (NCF) 138 East Milan Road, Berlin, NH 03570

Southern Region - NHDOC Southern NH Correctional Facility Locations

☒ NH State Prison for Men (NHSP-M) 281 North State Street, Concord, NH 03301

☒ Secure Psychiatric Unit (SPU) 281 North State Street, Concord, NH 03301

3. General Service Provisions:

- 3.1. The NH Department of Corrections, Director of Nursing, or designee shall contact the Vendor when service is needed. A list of NH Department of Corrections, Nursing Coordinators will be provided to the Vendor upon awarding the contract.
- 3.2. The Vendor must furnish the required tools and equipment necessary to provide the requested services of the Contract. Any and all tools, containers, and vehicles the Vendor needs to provide the required services must be inventoried before entering and leaving the facility and are subject to search by NH Department of Corrections security staff at any and all times while on NH Department of Corrections facility grounds.
- 3.3. The Vendor agrees to comply with all rules and regulations of the NH Department of Corrections.
- 3.4. Upon agreement of both parties, additional facilities belonging to the NH Department of Corrections may be added to the contract. If it is necessary to increase the price limitation of the contract this provision will require Governor and Executive Council approval.
- 3.5. The Vendor will be responsible for providing the Name, Date of Birth (DOB), and Social Security number of all employees the Vendor plans to assign to work at the NH Department of Corrections facilities. The NH Department of Corrections will do a criminal record check on all prospective workers who might be assigned to any NHDOC facility. Anyone who is found to have a criminal record shall not be allowed to work at these facilities. Names must be submitted to the NH Department of Corrections, Health Services, Director of Nursing 281 North State Street, Concord, NH 03301, at least seven (7) days before the persons are to work on-site. This rule applies for any new Vendor employees that are assigned to work at any NH Department of Corrections facility. This policy applies for the duration of the Contract.
- 3.6. The Vendor shall ensure that NH State licensed professionals provide the services required. The Vendor and its staff must possess the credentials, licenses and/or certificates required by law and regulations to provide the services required.
- 3.7. In the event that the Vendor should change ownership for any reason whatsoever, the NH Department of Corrections shall have the option of continuing under the Contract with the Vendor or its successors or assigns for the full remaining term of the Contract, continuing under the Contract with the Vendor or, its successors or, assigns for such period of time as determined necessary by the NH Department of Corrections, or terminating the Contract.
- 3.8. The Vendor shall, within five (5) days after the award of the Contract: submit a written identification and notification to NH Department of Corrections of the name, title, address, telephone number, fax number and e-mail address of one (1) individual within its

Vendor Initials: _____

- organization as a duly authorized representative to whom all correspondence, official notices and requests related to the Vendor's performance under the Contract.
- 3.8.1. Any written notice to the Vendor shall be deemed sufficient when deposited in the U.S. mail, postage prepaid and addressed to the person designated by the Vendor under this paragraph.
 - 3.8.2. The Vendor shall have the right to change or substitute the name of the individual described above as deemed necessary provided that any such change is not effective until the Commissioner of the NH Department of Corrections actually receives notice of this change.
 - 3.8.3. Changes of the named Liaison by the Vendor must be made in writing and forwarded to: NH Department of Corrections, Health Services Director of Nursing, 281 North State Street, Concord, NH 03301.
- 3.9. The Vendor shall designate a representative to act as liaison between the Vendor and NH Department of Corrections for the duration of the Contract. The representative shall be responsible for:
- 3.9.1. representing the Vendor on all matters pertaining to the Contract. Such a representative shall be authorized and empowered to represent the Vendor regarding all aspects of the Contract;
 - 3.9.2. monitoring the Vendor's compliance with the terms of the Contract;
 - 3.9.3. receiving and responding to all inquiries and requests made by NH Department of Corrections in the time frames and format specified by NH Department of Corrections in this RFP and in the Contract; and
 - 3.9.4. meeting with representatives of NH Department of Corrections on a periodic or as-needed basis to resolve issues which may arise.
- 3.10. NH Department of Corrections Contract Liaison Responsibilities:
The NH Department of Corrections Commissioner of Corrections, or designee, shall act as liaison between the Vendor and NHDOC for the duration of the Contract. NH Department of Corrections reserves the right to change its representative, at its sole discretion, during the term of the Contract, and shall provide the Vendor with written notice of such change. NH Department of Corrections representative shall be responsible for:
- 3.10.1. representing NH Department of Corrections on all matters pertaining to the Contract. The representative shall be authorized and empowered to represent NH Department of Corrections regarding all aspects of the Contract subject to the New Hampshire Governor and Executive Council approval, where needed;
 - 3.10.2. monitoring compliance with the terms of the Contract;
 - 3.10.3. responding to all inquiries and requests related to the Contract made by the Vendor, under the terms and in the time frames specified by the Contract;
 - 3.10.4. meeting with the Vendor's representative on a periodic or as-needed basis and resolving issues which arise; and,
 - 3.10.5. informing the Vendor of any discretionary action taken by NH Department of Corrections pursuant to the provisions of the Contract.
- 3.11. Reporting Requirements: The Vendor shall provide reports as requested below:
- 3.11.1. monthly summary of services provided by type of Temporary Nursing Professional, shift and number of hours of services performed.
 - 3.11.2. any information requested by the NH Department of Corrections.
- 3.12. Performance Evaluation: NH Department of Corrections shall, at its sole discretion:
- 3.12.1. monitor and evaluate the Vendor's compliance with the terms of the contract;
 - 3.12.2. the NH Department of Corrections Bureau of Quality Improvement, Compliance and Research Director may meet with the Vendor at a minimum of twice a year to assess

Vendor Initials: _____

the performance of the Vendor relative to the Vendor's compliance with the contract as set forth in the approved Contract document;

- 3.12.3. review reports submitted by the Vendor. NH Department of Corrections shall determine the acceptability of the reports. If they are not deemed acceptable, NH Department of Corrections shall notify the Vendor and explain the deficiencies;
- 3.12.4. request additional reports the NH Department of Corrections deems necessary for the purposes of monitoring and evaluating the performance of the Vendor under the Contract.

4. Other Contract Provisions:

4.1. Modifications to the Contract:

In the event of any dissatisfaction with the Vendor's performance, the NH Department of Corrections will inform the Vendor of any dissatisfaction and will include requirements for corrective action.

4.1.1. The Department of Corrections has the right to terminate the Contract, if the NH Department of Corrections determines that the Vendor is:

- 4.1.1.1. not in compliance with the terms of the Contract, or;
- 4.1.1.2. as otherwise permitted by law or as stipulated within this Contract.

4.2. Coordination of Efforts:

The Vendor shall fully coordinate his or her activities in the performance of the Contract with those of the NH Department of Corrections. As the work of the Vendor progresses, advice and information on matters covered by the Contract shall be made available by the Vendor to NH Department of Corrections as requested by NH Department of Corrections throughout the effective period of the Contract.

5. Bankruptcy or Insolvency Proceeding Notification:

- 5.1. Upon filing for any bankruptcy or insolvency proceeding by or against the Vendor, whether voluntary or involuntary, or upon the appointment of a receiver, trustee, or assignee for the benefit of creditors, the Vendor must notify the NH Department of Corrections immediately.
- 5.2. Upon learning of the actions herein identified, the NH Department of Corrections reserves the right at its sole discretion to either cancel the Contract in whole or in part, or, re-affirm the Contract in whole or in part.

6. Embodiment of the Contract:

- 6.1. The Contract between the NH Department of Corrections and the Vendor shall consist of:
 - 6.1.1. the Request for Proposal (RFP) and any amendments thereto;
 - 6.1.2. the proposal submitted by the Vendor in response to the RFP; and/or
 - 6.1.3. a negotiated document (Contract) agreed to by and between the parties that is ratified by a "meeting of the minds" after careful consideration of all of the terms and conditions and that which is approved by the Governor and Executive Council of the State of New Hampshire.
- 6.2. In the event of a conflict in language between the documents referenced above, the provisions and requirements set forth and/or referenced in the negotiated document noted in 6.1.3. shall govern.
- 6.3. The NH Department of Corrections reserves the right to clarify any contractual relationship in writing with the concurrence of the Vendor, and such written clarification shall govern in case of conflict with the applicable requirements stated in the RFP or the Vendor's Proposal and/or the result of a Contract.

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7. Cancellation of Contract:

- 7.1. The Department of Corrections may cancel the Contract at any time for breach of Contractual obligations by providing the Vendor with a written notice of such cancellation.
- 7.2. Should the NH Department of Corrections exercise its right to cancel the Contract for such reasons, the cancellation shall become effective on the date as specified in the notice of cancellation sent to the Vendor.
- 7.3. The NH Department of Corrections reserves the right to terminate the Contract without penalty or recourse by giving the Vendor a written notice of such termination at least sixty (60) days prior to the effective termination date.
- 7.4. The NH Department of Corrections reserves the right to cancel this Contract for the convenience of the State with no penalties by giving the Vendor sixty (60) days notice of said cancellation.

8. Vendor Transition:

NH Department of Corrections, at its discretion, in any Contract resulting from this RFP, may require the Vendor to work cooperatively with any predecessor and/or successor Vendor to assure the orderly and uninterrupted transition from one Vendor to another.

9. Audit Requirement:

Contractor agrees to comply with any recommendations arising from periodic audits on the performance of this contract, providing they do not require any unreasonable hardship, which would normally affect the value of the Contract.

10. Additional Items/Locations:

Upon agreement of both party's additional equipment and/or other facilities belonging to the NH Department of Corrections may be added to the Contract. In the same respect, equipment and/or facilities listed as part of the provision of services of the Contract may be deleted as well.

11. Employee Information:

The Contractor shall be responsible for providing the name, DOB and Social Security number of all employees the contractor plans to assign to work at the NH Department of Corrections facilities. The NHDOC shall do a criminal record check on all prospective workers who might be assigned to any departmental facility. Anyone who is found to have a criminal record may not be allowed to work at any NH Department of Corrections' facilities. Names must be submitted to the Nursing Director at least seven (7) days before work is scheduled to begin. Any new employees that are assigned to work at any NH Department of Corrections facility, the same rules apply for the duration of the Contract.

12. Special Notes:

- 12.1. The headings and footings of the sections of this document are for convenience only and shall not affect the interpretation of any section.
- 12.2. The NH Department of Corrections reserves the right to require use of a third party administrator during the life of the Contract.
- 12.3. Locations per contract year may be increased/decreased and or reassigned to alternate facilities during the Contract term at the discretion of the Department. Locations may be added and/or deleted after the awarding of a Contract at the discretion of the Department and upon mutual agreement of the Commissioner of the Department of Corrections and the Vendor.
- 12.4. In the event that the NH Department of Corrections wishes to add or remove facilities at which the Contractor is to provide services, it shall:
 - 12.4.1. give the Contractor fourteen (14) days written notice of the proposed change; and

Vendor Initials: _____

- 12.4.2. secure the Contractor's written agreement to the proposed changes.
- 12.5. Notwithstanding the foregoing, or any provision of this Agreement to the contrary, in no event shall changes to facilities be allowed that modify the "Completion Date" or "Price Limitation" of the Agreement.
- 12.6. The NH Department of Corrections shall not be held liable for finders, placement, advertising fees or any related hiring fees incurred by the Contractor.
- 12.7. The Department of Corrections shall not agree to liquidated damage provisions on behalf of the Contractor and/or employees (Temporary Nursing Professionals) represented by the Contractor. If the Contractor requires the NH Department of Corrections staff signature validation of the Contractor's employees work schedule and/or time sheet, the Contractor shall recognize:
 - 12.7.1. the NH Department of Corrections staff does not have contracting and payment authority;
 - 12.7.2. the staff validation signature shall only represent the verification of hours performed by the Contractor's employees (Temporary Nursing Professionals).

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Vendor Initials: _____

The Vendor proposes to provide Temporary Nursing Services for New Hampshire Department of Corrections (Department) inmates in conformance with all terms and conditions of this RFP.

The pricing information quoted by the Vendor in Exhibit B represents the total price for providing all services, materials and supplies according to the provisions and requirements specified in the RFP, which shall remain in effect until the Contract completion date as listed on the State Contract form P-37, version 1/09, section 1.7 - Completion Date.

AUTHORIZED SIGNATURE

DATE

NAME AND TITLE OF SIGNOR (Please Type)

THE VENDOR ASSUMES ALL RISKS THAT ACTUAL FUTURE FIGURES MAY VARY DUE TO INCREASES IN INMATE POPULATION.

If the NH Department of Corrections determines it is in the best interest of the State, it may seek a “*BEST AND FINAL OFFER*” from the Vendor(s) submitting acceptable and /or potentially acceptable proposals. The “*BEST AND FINAL OFFER*” would provide the Vendor(s) the opportunity to amend or change its original proposal to make it more acceptable to the State. NH Department of Corrections reserves the right to exercise this option.

If the NH Department of Corrections determines it is in the best interest of the State, it may seek a “*BEST AND FINAL OFFER*” which shall provide the NH Department of Corrections the opportunity to modify volume indicators, if applicable, identified in Exhibit B, of the RFP. Such request of the New Hampshire Department of Corrections would provide the Vendor(s) the opportunity to amend or change its original proposal(s) to make it more acceptable to the State. The NH Department of Corrections reserves the right to exercise this option.

Financial responsibility for preparation of proposals is the sole responsibility of the Vendor. The solicitation of the Vendors’ Proposal (Request for Proposals) shall not commit the Department to award a Contract.

Financial commitment by the NH Department of Corrections shall not occur until such time as the Governor and the Executive Council of the State of New Hampshire approve a Contract.

Vendor Initials: _____

1. Method of Payment:

- 1.1. Services are to be invoiced monthly commencing thirty (30) days after the start of service. Due dates for monthly invoices will be the 15th following the month in which services are provided.
- 1.2. Invoices shall be sent to the NH Department of Corrections, Health Services, Director of Nursing, 281 North State Street, Concord, NH 03301 for approval. The "Bill To" address on the invoice shall be: NH Department of Corrections, P.O. Box 1806, Concord, NH 03302-1806.
- 1.3. Once approved, the original invoices shall be sent to the Department's Bureau of Financial Services for processing and issuance of payment.
- 1.4. The NH Department of Corrections may make adjustments to the payment amount identified on a Vendor's monthly invoice. The NH Department of Corrections shall suspend payment to an invoice if an invoice is not submitted in accordance with the instructions established by the NH Department of Corrections.
- 1.5. The NH Department of Corrections Bureau of Financial Services may issue payment to the Contractor within thirty (30) days of receipt of an approved invoice. Invoices shall be itemized by facility and contain the following information:
 - 1.5.1. invoice date and number;
 - 1.5.2. facility name and associated Contractor account number (if applicable) representing facility name;
 - 1.5.3. quantity and number of hours per Nursing Professional and shift associated with services rendered;
 - 1.5.4. itemized service/product total charge per service/product type.
- 1.6. Payment shall be made to the name and address identified in the Contract as the "Contractor" unless: (a) the Contractor has authorized a different name and mailing address in writing or; (b) authorized a different name and mailing address in an official State of New Hampshire Contractor Registration Application Form; or (c) unless a court of law specifies otherwise. The Contractor shall not invoice federal tax. The State's tax-exempt certificate number is 026000618W.
- 1.7. Vendor errors resulting in service and/or product charge shall be at the expense of the Vendor to include:
 - 1.7.1. assignment of incorrect service type of Temporary Nursing Professional;
 - 1.7.2. any related travel expenses for the Vendor's Temporary Nursing Professional to the facilities.
- 1.8. Weekday billing period for the Day shift shall begin at 7AM and end at 3PM (Monday – Friday); weekday billing period for the Evening shift shall begin at 3PM and end at 11PM (Monday – Thursday); weekday billing period for the Night shift shall begin at 11PM and end at 7AM (Tuesday – Friday).
- 1.9. Weekend billing period for the Day shift shall begin at 7AM and end at 3PM (Saturday and Sunday); weekend billing period for the Evening shift shall begin at 3PM and end at 11PM (Saturday and Sunday) and weekend Night shifts shall begin at 11PM on Friday, Saturday and Sunday and end at 7AM on Saturday, Sunday and Monday, respectfully.
- 1.10. Weekday, Weekend and Holiday billing shall not be applied unless an assigned Temporary Nursing Professional actually works on the prospective Day (7AM – 3PM), Evening (3PM – 11PM) and Night (11PM – 7AM) shift.
- 1.11. Holiday Day billing period shall begin at 7AM and end at 3PM; Holiday Evening billing shall begin at 3PM and end at 11PM; Holiday Eve (Night shift) billing period shall begin at 11PM on the eve of the Holiday and end at 7AM of calendar Holiday date and shall not be combined with a Weekday Evening, Night or Weekend Day, Evening or Night rate.

Vendor Initials: _____

2. Estimated Budget:

2.1. Northern Correctional Facility (NCF), NH State Prison for Men (NHSP-M), Secure Psychiatric Unit (SPU)

Name of Bidder: _____
(as found on the State of NH Certificate of Good Standing to include dba names)

Section A: Registered Nurses (RN)

		A	B	C = (A * B)
Service Schedule	Hours of Work/Shift	RN Estimated Volume or Hours	RN Hourly Rate	Total Estimated Cost of RN Services
Weekdays	7AM - 3PM (Day)	125	\$	\$
Weekdays	3PM - 11PM (Evening)	326	\$	\$
Weekdays	11PM - 7AM (Night)	259	\$	\$
Weekends	7AM - 3PM (Day)	67	\$	\$
Weekends	3PM - 11PM (Evening)	166	\$	\$
Weekends	11PM - 7AM (Night)	133	\$	\$
Holiday	7AM - 3PM (Day)	8	\$	\$
Holiday	3PM - 11PM (Evening)	8	\$	\$
Holiday	11PM - 7AM (Night)	8	\$	\$
Estimated Two Year Budget of RN Services: (subtotal Column C)			\$	

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Vendor Initials: _____

2. Estimated Budget Continued:

2.1. Northern Correctional Facility (NCF), NH State Prison for Men (NHSP-M), Secure Psychiatric Unit (SPU)				
Name of Bidder: _____ (as found on the State of NH Certificate of Good Standing to include dba names)				
Section B: Licensed Practical Nurses (LPN)				
		A	B	C = (A * B)
Service Schedule	Hours of Work/Shift	LPN Estimated Volume or Hours	LPN Hourly Rate	Total Estimated Cost of LPN Services
Weekdays	7AM - 3PM (Day)	59	\$	\$
Weekdays	3PM - 11PM (Evening)	92	\$	\$
Weekdays	11PM - 7AM (Night)	0	\$	\$
Weekends	7AM - 3PM (Day)	33	\$	\$
Weekends	3PM - 11PM (Evening)	50	\$	\$
Weekends	11PM - 7AM (Night)	0	\$	\$
Holiday	7AM - 3PM (Day)	8	\$	\$
Holiday	3PM - 11PM (Evening)	8	\$	\$
Holiday	11PM - 7AM (Night)	0	\$	\$
Estimated Two Year Budget of LPN Services: (subtotal Column C)			\$	
Total Estimated Two Year Budget of RN and LPN Services (add subtotal Column C, Exhibit B, page 2 of 3 and subtotal Column C, Exhibit B, page 3 of 3)			\$	

Vendor Initials: _____

1. There are no additional provisions set forth in this Exhibit C - Special Provisions, to be incorporated as part of this Contract.

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Vendor Initials: _____

**RSVP: LETTER OF INTENT TO ATTEND VENDOR'S CONFERENCE
TO CONTRACT WITH THE NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS
DIVISION OF MEDICAL AND FORENSIC SERVICES**

Required Letters of Intent to attend Vendor's Conference must be received at the NH Department of Corrections by the deadline below:

Check	Description	Deadline
<input type="checkbox"/>	Letter of Intent for Vendors Conference	No later than 10:00AM, EST on March 24, 2010

Letters of Intent can be faxed to 603-271-5295 and/or e-mailed to: dmaltais@nhdocus.state.nh.us

To: NH Department of Corrections
Health Services
Director of Nursing
281 North State Street
Concord, NH 03301

Re: Letter of Intent for RFP NHDocus 10-07-GFMED

APPLICANT INFORMATION

Legal Name of Agency:	
Officer Authorized to Sign a Contract:	
Street Address:	
City, State and Zip Code:	
Telephone:	
Fax:	
E-mail address:	
Contact Person and Title:	

I understand that proposals are due by 2:00 PM, EST on 4/9/2010 and will not be accepted after that time.

(to be signed by contact person listed above).

Please indicate below the RFP Number, RFP Name and Location of Service(s) for which your agency intends to submit a proposal(s) for:

RFP Number:	RFP Name:	Location of Service(s):

Vendor Initials: _____